GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:1433
ANSWERED ON:04.03.2016
Infant and Maternal Mortality Rate
Kateel Shri Nalin Kumar

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether India"s infant mortality and maternal mortality rates are very high due to lack of skilled manpower, if so, the details thereof

(b) the details of cases of infant mortality and maternal mortality reported from Community Health Centres (CHCs) in the country during the last three years, State/UT-wise;

(c) whether the Government is aware of the inadequate number of medical specialists and other supporting staff in the CHCs; and

(d) if so, the steps being taken by the Government to address the issue?

Answer

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)
(a): No. The Infant Mortality rate in India has shown constant decline from 47 per 1000 live births in the year 2010 to 40 per 1000 live births in 2013, as per the reports of Sample Registration System (SRS) published by the Registrar General of India (RGI).
Similarly, Maternal Mortality Ratio (MMR) in India has shown a decline from 212 per 100,000 live births in the period 2007-09 to 167 per 100,000 live births in the period 2011-13, according to the SRS Reports.
(b): The RGI provides data on IMR and MMR for the country and major States through its SRS reports. The state-wise details of IMR and MMR over last three years are placed at Annexure-1 and 2, respectively.
However, RGI does not capture disaggregated data on IMR and MMR facility-level wise, nor does it provide infant and maternal deaths in absolute numbers.
(c): Yes. The State-wise details of specialists and other supporting staff as per the Rural Health Statistics-2015 of the MoHFW, GOI are placed at Annexure Nos.- 3 to 8.
Contdâ€¦.

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(d): Public health being a state subject, the primary responsibility to ensure availability of health human resources in public health facilities lies with the State Governments. However, under the National Health Mission (NHM), support is provided to States/UTs to strengthen their healthcare systems including for engaging of health human resources on contractual basis based on the requirements posed by the States/UTs in their Programme Implementation Plans.
Support under NHM is provided for multi-skilling of doctors to overcome the shortage of specialists, hard area allowance to doctors/specialists for serving in rural and remote areas and for their residential quarters. Also, States are advised to put in place transparent policies of posting and transfer, and ensure rational deployment of doctors/specialists.
As the posts required for health facilities are filled up by respective State/UT Governments, they are impressed upon from time to time to fill up the vacant posts. The Rogi Kalyan Samiti (RKS) have been delegated more authority and can now contract-in the services of specialists, Medical/Paramedical staff, professional counsellors, although they cannot make regular permanent appointments To facilitate the States to obtain specialist services, the Ministry has also prepared and shared a guidance note on Strengthening Specialist Support for District Hospitals/ Sub-District Hospitals/ Community Health centres (CHCs) that are the First Referral Units.